DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/21/2015 FORM APPROVED OMB NO. 0938-0391

| INSTITUTE OF PROVIDER OR SUPPLIER RIVERWALK VILLAGE STREET ADDRESS, CITY, STATE, 2IP CODE 29 WESTFIELD RD NOBLESVILLE, IN 40000 [MA1]D PRETIX TAG STREET ADDRESS, CITY, STATE, 2IP CODE 29 WESTFIELD RD NOBLESVILLE, IN 40000 [MA1]D PRETIX TAG REGULATORY OR ISO IDENTIFYING INFORMATION) [MA1]D PRETIX TAG REGULATORY OR ISO IDENTIFYING INFORMATION) [MA1]D PRETIX TAG ROOSS REFERENCES TO THE APPROPRIATE (K 000) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted 11/25/14 was conducted by the Indians State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 0.1/14/15 Facility Number: 0.00044 Provider Number: 155106 AIM Number: 100274940 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this PSR survey, Riverwalk Village was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the cordiors, spaces open to the corridors and battery detectors in resident sleeping rooms. The facility has a capacity of 169 and had a census of 146 at the time of this survey. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for two buildings used for facility storage which were not sprinklered. | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 | | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|--|---|------|--|-------------------------------|------------|
| RIVERWALK VILLAGE RIVERWALK VILLAGE STREET ADDRESS, CITY, STATE, ZIP CODE 28 WESTFIELD RD 29 PROVIDERS THAN OF CORRECTION (EACH ORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DIVERTING TAG (K 000) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted 11/25/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 01/14/15 Facility Number: 100274940 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this PSR survey, Riverwalk Village was found in compliance with Requirements for Participation in Medicare/Medical, 42 CFR Subpart 483.70(a), Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery detectors in resident sleeping rooms. The facility has a capacity of 169 and had a census of 146 at the time of this survey. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for two buildings used for facility storage which were not | | | 155106 | B. WING | | | | |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE | I ABODATODY | were sprinklered. All services were sprinkle used for facility storag sprinklered. | areas providing facility ered except for two buildings ge which were not | DE | | TITI E | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDII | | ISTRUCTION | (X3) DATE SURVEY COMPLETED | | | |
|---|--|--|-------------------------|---|--|-------------------------------|--------------|--|--|
| | | 155106 | B. WING _ | | | | ₹ 14/2015 | | |
| NAME OF PROVIDER OR SUPPLIER RIVERWALK VILLAGE | | | | | G 01/14/2015 STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD RD NOBLESVILLE, IN 46060 | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFI TAG | PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | | D BE COMPLETION | | | |
| {K 000} | Continued From page Quality Review by De Code Specialist on 0 | ennis Austill, Life Safety | {K 0 | 00} | | | | | |
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